

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037616

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 032

FILED NOV 7 1962

Primary Registration District No. 404.2Registrar's No. 74

STATE FILE NUMBER

VS 300
Rev. 4/59

1 0090

2 0090

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12 86-2

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Bollinger		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bollinger	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lutesville		Length of stay in 1b 4 years	c. CITY OR TOWN Sedgewickville
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bond Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Sedgewickville
3. NAME OF DECEASED (Type or print) First Avery Middle E. Last Bollinger		4. DATE OF DEATH Month Oct. Day 25 Year 1962	
5. SEX Male	6. COLOR OR RACE Cauc.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-21-83
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction		10b. KIND OF BUSINESS OR INDUSTRY Retired	9. AGE (last birthday) 79
11. BIRTHPLACE (City and state or country) Sedgewickville		12. CITIZEN OF WHAT COUNTRY U. S.	
13a. FATHER'S NAME Daniel Bollinger		13b. MOTHER'S MAIDEN NAME Nancy Chandler	
14. NAME OF HUSBAND OR WIFE Lutye Yount		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown	
16. SOCIAL SECURITY NO. unknown		17. INFORMANT Address Gladys Bollinger, Scopus, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart failure acute DUE TO (b) Arterio sclerotic heart d. DUE TO (c) Generalized Arterio sclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Lutesville, Mo.	
20g. COUNTY Bollinger		20h. STATE Missouri	
21. I attended the deceased from 7-23-62 to 10-25-62 and last saw her alive on 10-23-62 Death occurred at 7:25 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) Ward Funeral Home	
22a. SIGNATURE (Degree or title) Ward Funeral Home		22b. ADDRESS Lutesville, Mo.	
22c. DATE SIGNED 10-26-62		23. NAME OF CEMETERY OR CREMATORY Holt Cemetary	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-27-62	
23c. LOCATION (City, town, or county) Scopus, Bollinger, Missouri		23d. STATE Missouri	
24. FUNERAL DIRECTOR Ward Funeral Home, Lutesville, Mo.		25. DATE RECD. BY LOCAL REG. 10/30/62	
26. REGISTRAR'S SIGNATURE Mr. Buford Crader		27. DATE 10/30/62	

NOV 2 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Kenneth Liley

Licensed Embalmer No. 5086

P. O. Address Litermill, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.